

17

Cancer

Goal

Reduce the burden of cancer on the Kentucky population by decreasing cancer incidence, morbidity, and mortality rates.

Overview

Cancer is the second leading cause of death in Kentucky. The American Cancer Society (ACS) estimates over 570,000 Americans will die of cancer in 2005. Of these annual cancer deaths, 9,560 are expected in Kentucky. In 2005, 1,372,910 million new cases of cancer will be diagnosed nationally, including 23,020 new cases that are likely to be diagnosed in Kentucky.

Kentucky's health care community continues to meet challenges in determining the contributing factors for and addressing geographic and racial disparities in cancer mortality. African-American residents die from cancer at a higher rate than white residents. The age-adjusted mortality rate for cancers in Kentucky during 1998 through 2002 is higher for men than for women, slightly higher for rural Kentuckians than urban residents, and higher for Appalachian residents than for non-Appalachian Kentuckians.

In addition to the human toll of cancer, the financial costs of cancer are enormous. The National Cancer Institute (NCI) estimates that the overall costs for cancer in 2004 were \$189.8 billion, with \$69.4 billion for direct medical expenditures, \$16.9 billion for lost productivity due to illness, and \$103.5 billion for costs of lost productivity due to premature death.

The number of new cancer cases and deaths, as well as the costs of cancer morbidity and mortality, can be reduced in Kentucky through screening tests for breast, cervical, and colorectal cancers. Other essential public health activities include education of residents about cancer screening, tobacco avoidance and cessation, and other risk reduction practices, such as increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure. Efforts to make cancer screening, information, and referral services available and accessible are essential for reducing the high rates of cancer and cancer deaths. These efforts must include approaches to reduce health care disparities among Appalachian and African-American residents.

Summary of Progress

For all cancers, the mortality rate in 2002 was 226.3 per 100,000, a decrease from the baseline of 229.9 per 100,000. As evidenced by Kentucky Cancer Registry (KCR) data through 2002, progress has been made toward achieving the majority of targets for HK 2010 goals related to cancer mortality. Targets were achieved for maintaining lung cancer deaths at or below 80.7 per 100,000 and reducing deaths from cancer of the uterine cervix to at or below 3.2 per 100,000. Additionally, Kentucky has met the 2010 targets to increase to at least 85 percent those women age 18 and older who received a Pap test within the preceding one to three years and to increase to at least 40 percent both men and women age 50 and older who have ever received a sigmoidoscopy or colonoscopy. Kentucky still faces challenges in improving the percentage of women age 50 and older who have received a mammogram and clinical breast exam in the past two years. The percentage declined from 73% in 1997 to 68.6% in 2004. Another concern is the decline in the percentage of persons age 50 and older who have received a fecal occult blood test within the past two years from 26 percent in 1997 to 24 percent in 2004. The number of cancer survivors who are living 5 years or longer after diagnosis also declined from 57.8 percent in 2000 to 56.2 percent in 2002.

Progress toward Achieving Each HK 2010 Objective

Summary of Objectives for Cancer	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
17.1. Reduce cancer deaths to a rate of no more than 220.7 per 100,000 people in Kentucky.	229.9/ 100,000 (1996)	≤220.7/ 100,000	226.3/ 100,000 (2002)	Yes	KCR
17.2. Maintain lung cancer deaths to a rate of no more than 80.7 per 100,000 people in Kentucky.	80.7/ 100,000 (1997)	≤80.7/ 100,000	79.8/ 100,000 (2002)	Target Achieved	KCR
17.3. Reduce breast cancer deaths to no more than 22.5 per 100,000 women in Kentucky.	28.1/ 100,000 (1997)	≤22.5/ 100,000	27.6/ 100,000 (2002)	Yes	KCR
17.4. Reduce deaths from cancer of the uterine cervix to no more than 3.2 per 100,000 women in Kentucky.	4.3/ 100,000 (1997)	≤3.2/ 100,000	2.4/ 100,000 (2002)	Target Achieved	KCR
17.5. Increase a) to at least 85 percent the proportion of women ages 40 and older who have ever received a Clinical Breast Exam (CBE) and mammogram, and b) to at least 85 percent those ages 50 and older who have received a CBE and mammogram within the preceding one to two years.	a)78% (1997)	≥85%	82.3% (2004)	Yes	BRFSS
	b) 73% (1997)	≥85%	68.6% (2004)	No	
17.6. Increase a) to at least 95 percent the proportion of women ages 18 and older who have ever received a Pap test, and b) to at least 85 percent those who received a Pap test within the preceding one to three years.	a)93% (1997)	≥95%	94.2% (2004)	Yes	BRFSS
	b)82% (1997)	≥85%	85%	Target Achieved	
17.7. Reduce colorectal cancer deaths to no more than 23.5 per 100,000 people in Kentucky.	25.3/ 100,000 (1996)	≤23.5/ 100,000	24.1/ 100,000 (20.4 for women; 30.0 for men) (2002)	Yes	KCR
17.8. Increase a) to at least 35 percent the proportion of people ages 50 and older who have received fecal occult blood testing within the preceding one to two years, and b) to at least 40 percent in those who have ever received a sigmoidoscopy or colonoscopy.	a)26% (1997)	≥35%	24% (2004)	No	BRFSS
	b)34% (1997)	≥40%	47.2% (2004)	Target Achieved	

Progress toward Achieving Each HK 2010 Objective

Summary of Objectives for Cancer	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
17.9. (DELETED)					
17.10R. (Developmental) Increase the percentage of persons ages 50 and older a) who have received a digital rectal exam in the preceding year to at least 51 percent and b) have visited an oral health professional in the preceding year to at least 69 percent.	a)46% (2001)	≥51%	46.3% (2004)	Yes	BRFSS
	b)63% (2002)	≥69%	62.4% (2004)	No	
17.11. (DELETED)					
17.12. (Developmental) Increase the number of cancer survivors who are living 5 years or longer after diagnosis to at least 58.8 percent.	57.8% (1996 - 2000)	≥58.8%	56.2% (2002)	No	KCR

R = Revised objective